

110TH CONGRESS  
2D SESSION

# H. R. 7037

To amend the Public Health Service Act to authorize the Secretary of Health and Human Services to make grants to each State health department for community action teams to promote healthier lifestyles through physical activity and good nutrition and thereby prevent obesity and chronic disease, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 24, 2008

Mr. BISHOP of Georgia introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to authorize the Secretary of Health and Human Services to make grants to each State health department for community action teams to promote healthier lifestyles through physical activity and good nutrition and thereby prevent obesity and chronic disease, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Healthy Activity for  
5       Lifelong Energy Act of 2008”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Obesity in the United States has reached  
4 crisis proportions. According to the Centers for Dis-  
5 ease Control and Prevention (CDC), more than a  
6 third of all American adults are now overweight. Of  
7 even greater concern, the percentage of children and  
8 adolescents who are overweight leaped to 16 percent  
9 in 2006, a percentage which has more than doubled  
10 since 1980.

11 (2) Overweight adolescents are likely to become  
12 overweight adults, at risk of developing obesity-re-  
13 lated, life-threatening diseases such as cancer, type  
14 2 diabetes, stroke, heart disease, arthritis, and  
15 breathing problems. They will join an adult popu-  
16 lation struggling with a staggering 61 percent over-  
17 weight rate. Not only will the Nation's children face  
18 life-threatening diseases at younger ages, they will  
19 face academic challenges due to poor health behav-  
20 iors—resulting in even greater risk to their future  
21 health and earning and the Nation's economic  
22 growth and worldwide competition.

23 (3) Obesity and insufficient physical activity are  
24 not merely personal issues. Rather, these are public  
25 health problems with wide-ranging implications for  
26 the Nation's economy and quality of life. Research

1 shows that a significant community-based response  
2 can halt the rising tide, and a comprehensive, multi  
3 tiered approach shows the greatest promise of suc-  
4 cess and sustainability. A program thrives when it  
5 works for change not only on the individual level,  
6 but also within communities and across a broad  
7 spectrum of society. In addition, it is vitally impor-  
8 tant to understand the cultural context of each com-  
9 munity and to partner with them in building rel-  
10 evant and meaningful programs.

11 (4) State chronic disease programs have de-  
12 pended heavily upon the CDC for funding to address  
13 obesity. The obesity epidemic has outpaced Federal  
14 support, contributing to the escalating rise of obesity  
15 in an increasingly younger population. Clearly the  
16 obesity epidemic is also affecting the preparedness of  
17 the United States. Health and fitness have always  
18 been a critical concern to the Nation's military, po-  
19 lice, fire departments, and first responders.

20 (5) Military sources state that 80 percent of re-  
21 cruits who exceed the military weight-for-height  
22 standards at entry leave the military before they  
23 complete their first term of enlistment. This in turn  
24 increases the cost of recruitment and training. These  
25 issues threaten the long-term welfare and readiness

1 of United States military forces and associated pre-  
 2 paredness responders such as police, fire depart-  
 3 ments, and first responders.

4 (6) Obesity and overweight are not just a public  
 5 health issue, but also a national security issue. If the  
 6 Nation’s society is not physically fit, we will not be  
 7 able to defend ourselves and the Nation’s common  
 8 interests.

9 (7) This Act rises to the obesity challenge, with  
 10 innovative ways to help children and young adults be  
 11 physically active and eat more nutritiously.

12 **SEC. 3. COMMUNITY-BASED PROGRAM TO PROMOTE PHYS-**  
 13 **ICAL ACTIVITY AND GOOD NUTRITION AND**  
 14 **PREVENT OBESITY AND CHRONIC DISEASE.**

15 Part B of title III of the Public Health Service Act  
 16 (42 U.S.C. 243 et seq.) is amended by inserting after sec-  
 17 tion 317S the following:

18 **“SEC. 317T. COMMUNITY-BASED PROGRAM TO PROMOTE**  
 19 **PHYSICAL ACTIVITY AND GOOD NUTRITION**  
 20 **AND PREVENT OBESITY AND CHRONIC DIS-**  
 21 **EASE.**

22 “(a) GRANTS.—For the purpose of enabling State  
 23 health departments to maintain a community action team  
 24 program described in subsection (d), the Secretary shall—

1           “(1) make an allotment each fiscal year for the  
2           health department of each State in an amount deter-  
3           mined under subsection (c); and

4           “(2) make a grant to the health department of  
5           the allotment if the health department submits an  
6           application in accordance with subsection (f).

7           “(b) IMPLEMENTATION; CONSULTATION.—The Sec-  
8           retary shall carry out this section—

9           “(1) acting through an appropriate agency or  
10          office of the Centers for Disease Control and Pre-  
11          vention, such as the National Center for Chronic  
12          Disease Prevention and Health Promotion; and

13          “(2) in consultation with appropriate nonprofit  
14          organizations, such as the National Association of  
15          Chronic Disease Directors.

16          “(c) AMOUNT OF GRANTS.—

17          “(1) IN GENERAL.—Subject to paragraph (2),  
18          the Secretary shall determine the amount of a grant  
19          under this section to a State health department for  
20          a fiscal year on a competitive basis.

21          “(2) PROGRAM MANAGEMENT.—The Secretary  
22          may not provide more than \$100,000 under this sec-  
23          tion for a fiscal year to any State for management  
24          and administration of activities.

1           “(3) COMMUNITY FUNDING.—The Secretary  
2           shall provide a minimum of \$300,000 under this sec-  
3           tion to each State receiving a grant under this sec-  
4           tion for the fiscal year involved.

5           “(d) COMMUNITY ACTION TEAMS.—A funding agree-  
6           ment for a grant under this section is that the State health  
7           department involved will expend the grant only for the fol-  
8           lowing:

9           “(1) The State health department will use the  
10          grant to establish and implement community action  
11          teams.

12          “(2) Each such community action team—

13               “(A) will work within the local community  
14               to promote healthier lifestyles through physical  
15               activity and good nutrition and thereby prevent  
16               obesity and chronic disease; and

17               “(B) will serve for a period of 3 years.

18          “(3) The State health department will maintain  
19          a total of 4 to 8 community action teams within the  
20          State in any given fiscal year

21          “(4) At the end of the first 3-year period de-  
22          scribed in paragraph (2)(B), and every 2 years  
23          thereafter, the State health department will establish  
24          new community action teams in communities which  
25          have not yet had such a team.

1           “(5) The State health department will provide  
2           technical assistance to the community action teams.

3           “(e) PROGRAM EVALUATION.—A funding agreement  
4           for a grant under this section is that the State health de-  
5           partment involved, in collaboration with the Secretary, will  
6           collect data on the effectiveness of the department’s com-  
7           munity action team program under this section.

8           “(f) APPLICATION FOR GRANT.—For purposes of  
9           subsection (a)(2), an application for a grant under this  
10          section is in accordance with this subsection if the applica-  
11          tion—

12           “(1) contains each funding agreement required  
13          by this section; and

14           “(2) is in such form, is submitted in such man-  
15          ner, and contains such agreements, assurances, and  
16          information as the Secretary may require.

17          “(g) NATIONAL ACTIVITIES.—The Secretary shall—

18           “(1) conduct training institutes to jump-start  
19          the work of community action teams funded through  
20          this section;

21           “(2) provide such teams with access to national  
22          experts in ongoing community change; and

23           “(3) disseminate information about successes  
24          achieved through this section to communities across  
25          the Nation.

1       “(h) DEFINITION.—In this section, the term ‘State’  
2 means the several States and the District of Columbia.

3       “(i) FUNDING.—

4           “(1) AUTHORIZATION OF APPROPRIATIONS.—

5       To carry out this section, there is authorized to be  
6 appropriated \$40,000,000 for each of fiscal years  
7 2009 through 2013, of which—

8           “(A) \$26,450,000 shall be made available  
9 to State health departments through grants  
10 under this section, of which—

11           “(i) \$21,350,000 shall be made avail-  
12 able to community action teams; and

13           “(ii) \$5,100,000 shall be used by  
14 State health departments to administer  
15 their community action team programs, in-  
16 cluding through provision of technical as-  
17 sistance;

18           “(B) \$7,500,000 shall be available to the  
19 Secretary to carry out subsection (g); and

20           “(C) \$6,050,000 shall be available to the  
21 Secretary for management and evaluation.

22       “(2) INSUFFICIENT APPROPRIATIONS.—If the  
23 amount of funds appropriated to carry out this sec-  
24 tion is less than \$20,000,000 for any fiscal year, the  
25 Secretary, notwithstanding subsection (a)(1), may



1 choose to make grants under this section on a com-  
2 petitive basis instead of making a grant to each  
3 State health department that submits an application  
4 in accordance with subsection (f); and”.

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